

TOURNAMENT REQUEST FORM



A. Applicant Information	
Applicant/Organization Name:	
Applicant/Organization Address:	
City:	State: Zip:
Phone: Fax: _	Email:
B. Event Information	
Date(s) of Event:	Number of Teams:
Event Name:	Sport:
Estimated Number of Attendees:	Age Group:Field Dimensions:
Number of fi	elds required (Please select one): 4 🔲 5 🗍 9 🗍 11 🗍
the comment section below.	tems you will be providing & provide detail and information of any additional equipment in
☐ Booths/Vendor/Merchandise☐ Canopies/Tents	Additional Fencing PA System Scaffolding Videographer
	County Park and Recreation will coordinate all food vendors. st a food vendor at your event, please check the box:
Comments:	, , , , , , , , , , , , , , , , , , , ,
on behalf of my above-listed organiza	s and Procedures governing the use of the Mecklenburg County Sportsplex and agree cion to indemnify and hold the County, its agents, and employees harmless from and iabilities, losses, damages, or injunctions. I also understand the submission of this tapproval.
Sign Name:	Date:
	Credit Card Authorization Statement
_	county Park and Recreation Department has the ability to retain my credit card (s) and charge payments to my card (s) for athletic facility reservations.
I hereby authorize Mecklenburg Cour	aty to charge my credit card (s) for an athletic facility rental payment (s) when due and provide me a receipt for all charges.
Print Name:	
Sign Name:	Date: